



INSTRUCTOR GUIDE

Topic:	Reporting Pre-Hospital Exposures
Time:	30-45 minutes
Materials:	Appropriate audio/visual support
References:	R.I. General Laws, Section 23-4.1-19 OSHA REGULATION 29 CFR 1910.1030 Health Insurance Portability and Accountability Act (HIPPA)
Objective:	The individual will demonstrate a basic knowledge of procedures for managing pre-hospital infectious disease exposures from memory, without assistance, to a written test accuracy of 70%.
Elements:	<ol style="list-style-type: none">1. Describe the pre-hospital worker's legal obligations with respect to reporting exposures.2. Define the following terms related to pre-hospital exposures: Significant Exposure, Exposed Worker, Source Patient, Presenting Facility, Designated Officer.3. Describe actions required of an Exposed Worker.4. Describe supportive actions taken by EMS providers caring for an Exposed Worker.5. Describe post-exposure actions taken by hospital Emergency Department and follow-up staff (i.e., Infection Control, Employee or Occupational Health)6. Describe preventive and post-exposure actions taken by an EMS department/service.7. Demonstrate proper completion of the <i>RI Pre-Hospital Exposure Form</i>.

1 LEGAL OBLIGATIONS

- 1.1 Section 23-4.1-19 of the Rhode Island General Laws requires an exposed pre-hospital worker to complete a Health Department approved exposure form and file it with the hospital receiving the Source Patient.
- 1.2 Confidentiality
 - 1.2.1 HIPPA
 - 1.2.2 Exposed Worker's info
 - 1.2.3 Source Patient's info

2 DEFINITIONS

- 2.1 Significant Exposure
 - 2.1.1 A needle stick injury from a needle previously used on a patient.
 - 2.1.2 Cuts from sharp objects contaminated with a patient's blood or other potentially infectious materials (OPIM.)
 - 2.1.3 Blood or body fluid splashes to eyes, mouth, nose, or non-intact skin.
 - 2.1.4 Human bite resulting in an actual break in the skin. (*Potential exposure to both the exposed worker and the person inflicting the bite.*)
 - 2.1.5 Mouth-to-mouth resuscitation in the absence of a barrier or protective airway.
- 2.2 Exposed Worker: *"any emergency service worker responding on behalf of a licensed ambulance/rescue service, or a fire department or a law enforcement agency who has*

sufficient reason to believe that, in the course of their professional duties, they have been exposed to bodily fluids or other substances that may result in the worker contracting a serious infection and/or illness"

- 2.3 Source Patient: *"the transported patient believed to be the source of the infectious materials to which the worker believes he or she has been exposed"*
- 2.4 Receiving Facility: *"the hospital receiving the transported patient believed to be the source of the infectious materials"*
- 2.5 Designated Officer: *the supervisor or other individual whom the exposed worker's department/service has designated as the point of contact for notification regarding pre-hospital exposure*

3 ACTIONS BY THE EXPOSED WORKER

- 3.1 Recognize that an exposure incident has/may have occurred.
- 3.2 Report to Emergency Department or other healthcare facility immediately following the exposure incident.
 - 3.2.1 Preferably the facility to which the Source Patient was transported
- 3.3 Complete Part A of the *RI Pre-Hospital Exposure Form*.
 - 3.3.1 May be obtained from Exposed Worker's department/service or from the Emergency Department
 - 3.3.2 Provide complete and legible information.
 - 3.3.3 Include Source Patient's information including name and date-of-birth.
 - 3.3.4 Ensure that the *RI Ambulance Run Report* (Parts 1 and 2) for the Source Patient is submitted to the receiving facility.
- 3.4 Exposed Worker must give consent before being evaluated and/or treated (an Emergency Department patient record will be initiated for the Exposed Worker.)
 - 3.4.1 The Exposed Worker's designated officer shall be notified of the exposure, even if the Exposed Worker refuses evaluation and/or treatment.
 - 3.4.2 For potential HIV exposures, the Exposed Worker must consent to baseline HIV testing before the Source Patient is tested for HIV.
- 3.5 Submit Exposed Worker's copy of *RI Pre-Hospital Exposure Form* to Exposed Worker's department/service Designated Officer or Infection Control Officer.
- 3.6 Complete any additional post-exposure procedures required by the Exposed Worker's department/service.

4 ACTIONS BY UNEXPOSED EMS WORKERS (CARING FOR THE EXPOSED WORKER)

- 4.1 Assist in decontamination of the Exposed Worker as needed.
- 4.2 Provide any required medical care (as well as emotional support!)
- 4.3 Transport Exposed Worker to same hospital as Source Patient (if possible/appropriate.)
- 4.4 Check that exposed worker has completed Part A of the *RI Pre-Hospital Exposure Form*.

5 ACTIONS BY EMERGENCY DEPARTMENT STAFF

- 5.1 Assist in decontamination of Exposed Worker if necessary.
- 5.2 Initiate a patient record for the Exposed Worker and obtain consent for treatment.
- 5.3 Assess the significance of the exposure.
- 5.4 Provide post-exposure care and management of the Exposed Worker as indicated.
- 5.5 Provide initial post-exposure counseling and education as appropriate.
- 5.6 Complete Part B of the *RI Pre-Hospital Exposure Form*.

- 5.6.1 Verify all information for both Exposed Worker AND Source Patient.
- 5.6.2 Ensure that the *RI Ambulance Run Report* for the Source Patient is submitted by transporting EMS personnel and maintained with the Source Patient's medical record.

5.7 Provide the Exposed Worker with the bottom (carbon) copy of the *RI Pre-Hospital Exposure Form*.

5.8 Forward the original copy of the *RI Pre-Hospital Exposure Form* to Infection Control or other department designated by facility.

6 ACTIONS BY HOSPITAL FOLLOW-UP STAFF

- 6.1 Internal procedures may vary from one facility to another.
- 6.2 Review *RI Pre-Hospital Exposure Form* when received from Emergency Department.
- 6.3 Confirm that both the Exposed Worker and Source Patient have received appropriate testing/screening.
- 6.4 Review test results in accordance with internal protocols.
- 6.5 Notify the Exposed Worker's designated officer within 72 hours of exposure and document if post-exposure follow-up is indicated.
- 6.6 Complete Part C of the *RI Pre-Hospital Exposure Form*.
- 6.7 Monitor hospital patients diagnosed with infectious diseases (i.e., TB, meningitis, etc.)
 - 6.7.1 For each patient, determine if they were transported by EMS and were undiagnosed at the time of contact with EMS.
 - 6.7.2 Where indicated, notify EMS department/service of possible exposure and advise of need for follow-up with crews in contact with the patient.

7 ACTIONS BY EXPOSED WORKER'S DEPARTMENT/SERVICE

- 7.1 Procedures may vary from one department/service to another.
- 7.2 Basic preventive measures:
 - 7.2.1 Maintain a comprehensive infection control plan that includes compliance with the RI Department of Health exposure reporting requirements.
 - 7.2.2 Ensure all employees are kept up-to-date on immunizations, etc.
 - 7.2.3 Ensure all employees receive periodic training on bloodborne pathogens and infection control.
 - 7.2.4 Exercise oversight necessary to ensure safe working practices and provide remedial education or procedural changes as needed.
- 7.3 Post-Exposure
 - 7.3.1 Notification and recordkeeping
 - 7.3.1.1 Requirements for confidentiality
 - 7.3.2 Counseling and medical follow-up for Exposed Worker
 - 7.3.3 Investigate circumstances of exposure to determine if it could have been prevented.
 - 7.3.3.1 Undertake procedural changes and/or re-education as indicated.

8 FORM COMPLETION

- 8.1 Review contents of form and appropriate entries for each section.
- 8.2 Emphasize importance of:
 - 8.2.1 Completeness and accuracy of information.

8.2.2 Confidentiality of both Exposed Worker and Source Patient's identity and medical information.

8.2.3 Appropriate post-exposure actions as described above.

8.3 Practice filling out sample forms.

9 ADDITIONAL HELP

9.1 Questions and requests for additional forms

9.1.1 Refer to department/service Designated Officer and/or Infection Control Officer.

9.1.2 Contact the RI Department of Health, Division of EMS, at (401) 222-2401.

10 FINAL EXAMINATION

10.1 Written post-test (15 questions)